

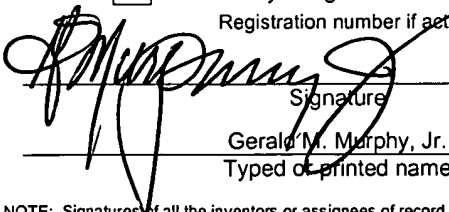


PTO/SB/22 (12-04)

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|   |   |  |                         |
|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>0020-5327PUS1 |                         |
| <b>Application Number</b> 10/516,588-Conf. #9917  |   | <b>Filed</b> December 3, 2004                    |                         |
| <b>For</b> PORPHYRIN OXYGEN INFUSION FOR INCREASING OXYGEN CONCENTRATIONS IN TUMOR TISSUES  |   |  |                         |
| <b>Art Unit</b> 1654  |   | <b>Examiner</b> S. S. Shirali                    |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>                                       | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |  |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |  |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 28,977  |   |  |                         |
|    |   | June 1, 2006                                     |                         |
| Signature   |   | Date   |                         |
| Gerald M. Murphy, Jr.   |   | (703) 205-8000                                   |                         |
| Typed or printed name   |   | Telephone Number                                 |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |  |                         |

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